

BP-1 Supplemental Overview Questions and Answers

Designee / Proxy:

Q: Can Regional Coordinators be designees? This was allowed in the past.

A: The information given during the webinar regarding this question was incorrect. Regional PHEP coordinators can represent a local health department at the coalition meetings. We will not change that from last year. Just like last year, the LHD should send in the proxy requests to gain prior approval before the proxy attends the meeting.

Q: Does the Proxy letter need to be updated yearly?

A: Yes, proxy letters are only good for the current budget period.

Q: Does the designee have to be from the LHD if a letter is submitted? For example, can the designee signing at the HCC be from another regional LHD?

A: As long as the designee is from the same region as the LHD they represent, they can act as the designee or proxy. In the case of an HCC that has more than one PHEP region, a designee will be needed for both regions.

Q: Already submitted my HCC proxy and designee - it did NOT have signatures. Do I need to resubmit with signatures?

A: The proxy letter must have physical signatures on the letter to be valid.

Q: Clarify HCC designees- I know it must be LHD staff, but can they be designees from other health departments within our region: For example one designee from SCMR approved via letter to KDHE that has been approved like it has in the past.

A: Yes, the designee may be a regional coordinator or a staff member from another health department if the local public health department has provided a proxy letter stating as such to KDHE Preparedness and the organization to which the proxy is attending.

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Travel:

Q: Request- What is the distance that will trigger an overnight stay?

A: 50 miles

Q: How does the state want the contractors to handle rental vehicles?

A: When a rental vehicle is the most cost-effective mode of transportation, then it would be an approvable expense. If this is anticipated it should be included in budget line items.

Q: Request- adjustments to table 2 of the guidance document to be more generic as the values change periodically and to location.

A: Thanks! This has been corrected and carried over to all three guidance documents.

Q: What is the estimated turn-around time for approval of travel?

A: Our goal is one week to approve travel. This may be shorter or longer depending on several factors. Our time during beginning and ending budget period is more limited, so the response time may be slower. Also, the more information provided tying the request to your workplan and budget, will speed up the process.

Q: I thought GSA was required this past year.

A: Correct, the GSA rate has been a requirement beginning in Budget Period 1 (2017-2018).

Q: Travel question: Example - if attending a meeting in Topeka requiring a hotel stay for a work plan required meeting or training - does the hotel stay need to be preapproved?

A: For work plan required trainings, prior approval is not required as it is implied as part of the required training attendance.

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Q: There are many times that KDHE sends out notices that they will approved a certain activity (Such as the KALHD meeting) where we can use PHEP funds. We will need to get approval for that or will the email be our documentation? We do not always know that the meeting will be approved by KDHE.

A: For activities that will be blanket approved, such as the KALHD mid-year meeting in the past, KDHE will share information out via email directly to local public health departments and regional PHEP coordinators as early as possible to help assure awareness of the approval.

Q: Trainings that come up during the year that wasn't put on the original budget and has some "emergency preparedness/disaster" training; but not all everything in the Conference is that specific- is that acceptable to use PHEP funds? Does it have to be a % or how does that work?

A: For conferences that only a percentage of the material is PHEP related, the percentage of preparedness related activities can be covered by PHEP. Prior approval of these costs by KDHE Preparedness is required and should be submitted to KDHE Preparedness no later than 30 days prior to the conference.

Q: Clarify the hotel GSA--the rate is \$91 regardless of the city we are in?

A: The hotel and meals/incidentals cost rate is available by city on the GSA rate for that specific city. See the guidance document for the website address. The \$91 has been used as an example in this case. Please verify the appropriate hotel and meals and incidentals rate with the GSA website.

Q: If we have turned in a conference, on our budget already would you have accepted that already? I've attended the 4Corner's Conference for the past 10 years. they do have an exercise and its great partnership building for us as a boarder state.

A: Yes, the 4Corner's Conference is approved if submitted in a work plan update and budget.

Q: Is travel pre-approval needed if only mileage will be charged to Preparedness? We didn't budget for locals to attend all these meetings.

A: Travel does not need to be pre-approved if mileage is not charged to Preparedness.

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Travel - Per Diem:

Q: If meals are provided by part of conference we should deduct that % of per diem, correct?

A: Yes, based on GSA guidance, if meals are included in a conference or meeting, then that meal is to be deducted from the per diem.

Q: Please explain further on the meal allowance "and the individual's work day is extended for three hours or more beyond the normal work day".

A: If an individual normally works an 8-hour day and due to the travel, meeting, or event cause them to work an 11-hour day (or more) then they would be eligible for a meal reimbursement. This would most likely be the mid-day meal (lunch).

Q: Many conferences are 8 or 9-hour days. Do we not get our supper meal?

A: If the normal work day has been extended for three hours or more (11 hour work day if the normal work day is eight hour) then a single meal (lunch) reimbursement would be acceptable.

Q: Will you require receipts for food costs? Or just flat rate?

A: For overnight or extended (see above) travel, meal reimbursement will be based on the approved GSA rate for Meals and Incidentals for the destination city based on departure and arrival times. Meal receipts are not needed or required by KDHE.

Q: Can the per diem and GSA requirements can be enforced if they do not appear in the contracts?

A: Many specific items are not addressed in the contract directly. Because the concern was raised, we spoke with an attorney at KDHE. We have received confirmation from our legal department that requiring per diem and GSA requirements are allowable. Following the GSA requirements are appropriate as we are using federal funding. We believe that by communicating this often and early for this fiscal year will allow the sub-awardees and contractors to adjust their budget and workplans accordingly.

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Affidavits:

Q: Will PHEP be using KGMS for affidavits? I just want to be clear on this.

A: Yes they will use KGMS for affidavits, FSR's, etc.

Q: Are we continuing to report on KGMS?

A: Yes, fiscal year 2019 will all be done in KGMS.

Q: You said affidavits should be on the approved form. Isn't KGMS going to be used?

A: Whatever was through Catalyst previously will now be through KGMS.

Q: Local PHEP budget amounts submitted last March where not what was allocated for this year. Do the LHD's need to submit a revised budget at this time?

A: Yes, revised budgets need to be submitted by August 29, 2018

Q: Can we get a copy of the federal statement regarding food so that we can share with our commissioners so we can ask them for funding for food for exercises?

A: Please be advised that all proposed meal purchases require pre-approval and should be submitted as an amendment under the Budget Revision option in Grant Solutions.

The recipient is responsible for providing a letter of justification on agency letterhead, an itemized budget and to which program the proposed food costs will be charged. Applicant should provide a draft agenda for those meetings to your Grant Solutions with your request and copy your Grant Management Specialist. It should reflect support of the program/work plan and that participants will not have time to leave the meeting site to get lunch and if they left, they would miss critical meeting information. Careful attention to the specific food items proposed to be purchased and whether there is a bona-fide need of such purchase should be taken into consideration by the recipient and documented and demonstrated on agency letterhead.

Food and Meals: *Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must decide*

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of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

CRMCS:

Q: Which person at KDHE will be reviewing CRMCS input?

A: Emily Wolf (emily.wolf@ks.gov) will be handling CRMCS.

Q: Am I reading it correctly our regional coordinator needs access to each counties inventory on CRMCS or they need to create their own duplicate database?

A: A duplicate database is not necessary. Since county health departments fall under county emergency manager's parent organization, regional health department coordinators would likely not be permitted access to individual counties based on access level. It would be best for health departments to retain that responsibility locally and the coordinators to work as facilitators, providing collaboration with the health department.

Q: Do the agencies delete or decommission equipment once it has been replaced by newer equipment? Some agencies are using CRMCS as their inventory and it provides an inventory for purchase history.

A: Yes, PHEP and HPP funded equipment should be included in CRMCS and appropriately transferred to responsible organizations and deleted as the status of the equipment changes.

Exercises:

Q: Local Health Departments do not impact the Hospital Surge Test. The question is can the LHDs do a surge that is more suited to them and not the HCCs?

A: This question has to do with PHEP Capability #10 on the work plan. This is not meant that the local health dept. has to participate in the HCC Coalition Surge Tests. It is to ensure that medical surge testing is included in one of the health department's exercises for this year. The local health department is encouraged to do a surge test that is suited to their needs and plans.

Q: Exercise related- is PHEP allowed to participate in CMS exercise? Previous guidance was No. Does this count? Can funding be used to participate?

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A: This depends on the intent of the exercise as well as the involvement in planning in regards to the exercise being conducted. PHEP funding cannot be used to meet CMS only requirements. In order to meet PHEP requirements the exercise must be tied to your PHEP capabilities outlined in the guidance.

Q: So just to clarify, if I am using a flu clinic as a POD exercise, I need to have it on KS TRAIN to qualify for any credit?

A: Yes, if possible. KS-Train provides the information needed and is an easy way to track exercises and credit for each participant.

Q: Did I hear correctly that since we did a tabletop last year we are required to do a functional exercise this year, and a full-scale the following year?

A: This is not in the current work plan or guidance document, so it is not a requirement for this budget period.

Q: Last year the HCC's were required to do their communication drills on specific days. If Preparedness could keep those drills off the 800 radio state drill dates- that would be greatly appreciated. Doing so, will help reduce a lot of confusion. Thanks for your consideration.

A: We will adjust the Redundant Communication Drill timelines as to avoid the first Monday of each month.

Q: You mentioned that we need to use the HSEEP template, just to clarify, that is not the KDHE template correct?

A: The HSEEP template is the AAR/IP form that Donna Binns provided for everyone to use this budget year 2018-19. Any exceptions accepted will be at the discretion of the KDHE Exercise Coordinator.

Q: You may have just answered this, but do we need to have our exercises pre-approved 60 days before hand. Thank you

A: No, there is no need for pre-approval. But I would like to know when and what exercise you plan to do so that I can add it to my reports for the federal project officers.

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Q: Did you say you emailed these [AAR] to us or to the regional Coordinators last week?

A: Donna had sent some information out on July 13, 2018 to all of the PHEP Regional Coordinators to distribute to the health departments in their regions. Please have them resend it to you or contact Donna Binns if you still don't have your copies.

Q: Is the "Exercise Review Tool" available for review?

A: We do not have an "Exercise Review Tool". There is a section on the Compliance score card which includes exercise information. These score cards will be sent out at the end of the budget year to each of the participating agencies.

Q: For the AARs are we doing quality control?

A: The HCC coordinators do not conduct reviews of the AAR/IPs. That is a Regional PHEP Coordinator's task for the LHDs. Currently, the HCCs do not have an exercise work plan item other than the Coalition Surge Test and that is put together by the coalition and then submitted to KDHE Preparedness and for Donna Binns for review.

Training:

Q: Is this webinar presentation available or will it be made available soon?

A: We will send the recording link out to those that were not able to attend. The PowerPoint is attached to this webinar in the handout section.

Q: On item 8D--are ICS classes to be redone ever so often? "all ICS certificates that were completed by a minimum of one staff member during the current budget period".

A: Yes, the ICS classes are updated periodically by FEMA. KDHE is aware of the proposed changes and continues to be in communication with KDEM on this and other cross sector matters. As these changes are not final as of now and still listed as proposed, KDHE will not be changing the work plan requirement or compliance related there to. If these changes go through as proposed by FEMA, KDHE and KDEM will determine the most appropriate path forward for the health community and communicate that decision out at the time. We understand the concerns related to this proposed change and are working diligently to address the needs of local

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public health departments while maintaining consistency with Kansas executive orders related to the use of NIMS.

Q: Do the ICS courses (PIO, 300, 400, etc.) have to be re-done every 5 years?

A: Currently, once a ICS course is successfully completed, there is no requirement to retake it. As these FEMA proposed changes are not final as of now and still listed as proposed, KDHE will not be changing the work plan requirement or compliance related there to. If these changes go through as proposed by FEMA, KDHE and KDEM will determine the most appropriate path forward for the health community and communicate that decision out at the time.

Q: Need clarification on the definition on "training". Concerns that if this is used, KDEM's approval process will negate 'trainings'. Definition requested.

A: Training is defined as an organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

Training includes, but isn't limited to seminars, classes, webinars, conferences, and other instances where knowledge is imparted to attain a skill or increased level of knowledge as it relates to this cooperative agreement.

Q: Do we need to send in information on all trainings we go to for PHEP or just the ones PHEP funding is used to pay for the training?

A: Only information on trainings where PHEP funding is used is required. However, it is helpful to our program to know about all trainings involving PHEP for our federal reporting.

Q: The problem is that we didn't know about these new trainings that are being developed so we didn't budget for them.

A: The trainings referenced have not been scheduled yet. There will be more information about the trainings when a training date is confirmed. Should you decide to attend, you can resubmit a new budget.

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Q: Will we need to request pre-approval of KDHE sponsored trainings that Ann mentioned? I understand that we may need to submit budget amendments.

A: No, if the trainings are conducted within the state no prior approval will be needed. All out of state travel needs prior approval by KDHE Preparedness.

Q: What about a national training that doesn't have a KS Train number as it is out of state?

A: TRAIN is a national program that is heavily based in preparedness. If it is a nation-wide training, it may have been added for all TRAIN users to see and access. If it doesn't have a number, there is a way to add external course records. A user would go to "Your Learning", "Your Transcript", and then click the white box labeled "Add an external record". The user can even upload a certificate to this as proof of their attendance.

Q: The text under item #10 indicates that the course will be conducted by KDEM. This is the on-line course?

A: To clarify, that portion of Item 10 from the Regional PHEP Coordinator Workplan and the guidance reads: "1. Upon completion submit proof of training or provide proof of KDEM training within the last 5 years. Other trainings will be reviewed..." This refers to the current offering on FEMA or past offerings through KDEM that occurred within the last 5 years. The course reference in the work plan is from FEMA and is IS-29.

Compliance:

Q: Request- asking for feedback on quarterly audits regardless if there are findings.

A: Feedback regarding programmatic performance and fiscal accuracy will start with 1st quarter audits.

Workplan:

Q: Salaries and copier costs, etc. are difficult to tie to work plan tasks. Please advise?

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A: Salaries need to be appropriately and proportionately tied to work plan items. All PHEP related salary costs must be associated with an approved work plan item. Copier costs are similar, the appropriate percentage of copier costs must be associated with PHEP work plan items such as meetings.

Q: Is the requirement for attendance at Homeland Security meetings, or does monitoring the minutes suffice?

A: The language states "Attend or monitor". Monitor in the case will refer to reading the minutes from these meetings. The reporting date for this would be the date the minutes were received by you. If, you attended in person, then date of attendance is used.

Q: Who is our main point of contact when it comes to asking questions related to the work plan?

A: It is dependent on which aspect of the work plan the question is about. General work plan questions or compliance should go to Edward Bell, fiscal related questions to Jo Lassley, training related questions to Anna Campbell, etc. If questions are submitted by email, please use the KDHE Preparedness email address and the questions will be routed appropriately.

Q: What are the expected HCC Work Plan Items Local Health Department are expected to participate?

A: The HCC Work Plan has an additional guidance document that can be referenced for specifics.

Q: If HCC and Regional coordinator's send attendance for those meeting, does LHD still need to send them as well?

A: The LHD only needs to send the attendance in, if requested. The LHD should maintain a copy of the minutes for audit purposes. As stated, Compliance is not the only entity who can audit a participating sub-awardee of the cooperative agreement. As a contracted sub-awardee, documents generated by or related to the work plan must be maintained on-site for a period of no less than 5 yrs. Our recommendation is to retain the documents electronically.

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Guidance Document:

Q: Please change the HCC Guidance Document, Item 13 explanation word "*ensure*" to "*encourage*".

A: Thank you for your suggestion. We will investigate changing the language of this item for next budget period. Only major changes to the work plan language will be addressed with our federal partners. Please work with the member organizations regarding the completion of this activity.

Q: I cannot find the definition of "*Public Health*" on the guidance document.

A: "Public health" is mentioned in 4 definitions within the glossary pages along with mentions of the HCCs. The HPP and PHEP programs are defined which includes the HCCs and LHDs respectively, as being participates in those programs. "Healthcare Coalition" is mentioned in the same instances and did not require a specific definition.

Q: The Guidance document is labeled as Draft, when will a final version be available?

A: After the webinar and coordinator meetings. "*Draft*" designation has been removed, changes will be reflected as a progressive version number. Dates will appear only on the title page of this document. This will be on the top right-hand corner and centered above the footer at the bottom of the page. The current version number is fixed at 2.2 with the third number denoting minor changes to wording or structure. The next major revision will be for the 2019-2020 budget period.

Q: The time management bullet point states that if a LHD doesn't submit something on time, a levy can be assessed against the COALITION. I'm hoping this is just a typo and it should say the LHD?

A: Thanks! This has been corrected.

Q: In the handout there is only 2 items listed for benchmarks.

A: Corrections made on the Guidance document as there are 5 benchmarks.

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General:

Q: Where can we put that in BOLD Kansas planners to have it show up on the COOP Plan?

A: Please contact Michael McNulty (mike.mculty@ks.gov) or 785-291-3065 with specifics of your question.

Q: Who would I speak to about what the hospitals needed to do during this last years' time frame. I am a new hospital coordinator and trying to learn all the lingo and regulations.

A: We would be happy to help. Please contact Michael McNulty (mike.mculty@ks.gov) or 785-291-3065.

MCM:

Q: How do we obtain an IMATS logon? Is the system ready?

A: The system is not yet fully set up. Logon enrollment will be accomplished through either invitation to users or issued by the MCM Program Manager or another system administrator. Please note that many users who will need site/facility admin privileges will likely need to go through SAMS as part of the credentialing process if they have not already done so for other systems. MCM program manager will be reaching out to users regarding this issue. Keep using the current system in place for the time being.

Q: A question as to why the POD information needs to be updated?

A: For two reasons:

1. For distribution of MCMs from the SNS and any State obtained assets. We will be implementing a new inventory management system (from KS-CRA to IMATS) in BP1Supp. We will endeavor to export any data we have from KS-CRA to IMATS but verifying that the information is up to date will be a crucial step.
2. The number of Pods throughout the State and some information (minimal) on them were and will be data points needed for the State MCM ORR from last year (BP1)

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onward. Since MCM ORR system (DCIPHER) and guidance were not released until mid-September and November respectively, we were not able to include this in the BP1 work plan.

Adding the requirement addresses both needs. We will also be seeking and verifying information on each county's local distribution site as applicable.

Q: Is there training planned for IMATS? Or will the POD information be entered IMATS by KDHE Preparedness staff?

A: Final details on IMATS training have not yet been established. There are some training materials that are provided by the platform. We also have some experienced users in the state that are already using the system for their local distribution sites and/or PODs. Site or facility admin users will need to be able manage POD information and all users will need to be able to use it for distribution/dispensing. We will endeavor to export any data we have from KS-CRA to IMATS so that it does not need to be entered, but only verified and updated as necessary.

HCC Coalition Governance:

Q: How is KDHE going to ensure that the HCC Meetings are worth-while to the Local Public Health Departments?

A: KDHE hopes that the meetings are valuable to all the participants. We do encourage collaboration between the HCC's and LHDs. KDHE would be happy to be part of that conversation. If a local health department has suggestions for improving the quality of the HCC meetings, we encourage you to work within your HCC finding the best solutions for your specific region. If you would like KDHE to assist, please contact Denise Kelly at Denise.L.Kelly@ks.gov or 785-296-5529.

Q: Question- Concerns raised about the LHDs being a core member but needs to be held to the same membership requirement as the rest of the core members. Unable to engage if they are not members per the membership requirement of the coalition governance. Will there be changes in the future regarding this?

A: It is within the HCC governance to define membership. We do encourage collaboration between the HCC's and LHDs. KDHE would be happy to be part of that conversation.

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Q: Do we check with area HCC on PH voting member? We have two staff members who attend based on availability (PHEP Coord. or PH Director)

A: Voting membership is outlined in HCC Governance Documentation. HCC members should consult this documentation for voting membership and proxy authorization.

Q: When will the new HCC coordinators be announced for 3 of the HCC regions?

A: For the regions that All Clear is the HCC Coordinator the current contact is Ginny Schwartzer. All Clear will be reaching out to the regions within the next weeks. All Clear will be assigning individual coordinators as soon as possible.

Communication:

Q: Clarification is needed on exactly what the CDC disclaimer "blurb" needs to be on. (KS-TRAIN, enforceable on ESF-8/LEPC, marketing materials?)

A: Any document or materials generated in the support or as an outcome or output as funded by this cooperative agreement in which it shall be either made public or viewed by the public, including After-Action Reports (AAR). KS-TRAIN generated sign-in sheets do not need the disclaimer statement, but the courses and meetings that are created on KS-TRAIN should include the statement as they are paid for, in full or by percentage, with preparedness funding.

Q: Do even things like educational flyers or pamphlets related to PHEP need the CDC statement on it?

A: This is the full information regarding this statement requirement:

Acknowledgement of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipient of Federal research grants, shall clearly state:

- Percentage of the total costs of the program or project which will be financed with Federal money
- Dollar amount of Federal funds for the project of program, and

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- Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Disclaimer for Conference/Meeting/Seminar Materials:

Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Here is the mandatory disclaimer:

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Q: Are ESF 8 annexes, SOGs, job action sheets, etc. considered to be publications?

A: No, those documents are not considered publications. "Publications: any document or materials generated in the support or as an outcome or output as funded by this cooperative agreement in which it shall be either made public or viewed by the public." KS-TRAIN generated sign-in sheets do not need the disclaimer, but the courses and meetings that are created on KS-TRAIN should include the statement as they are paid for, in full or by percentage, with preparedness funding.

Q: Request- better communication needs to be made to communicate deadlines and changes to the regions and coalitions well in advance.

A: KDHE Preparedness program is committed to improving communication going forward.

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Q: Request- Regional PHEP Coordinators would like to be included in all requests for information in the future.

A: Thank you for your patience as many of the Preparedness staff are new and learning everyone's roles. Our goal is that the PHEP coordinators are to be included in requests for information involving the LHDs.

Q: Various mistakes in the PHEP Notice of Awards (NOA) were identified. What is the status?

A: KDHE has emailed corrected Notice of Awards (NOA) to the LHDs. Please notify us if you have not received a corrected NOA.